



# CODES OF ETHICS & STANDARDS OF PRACTICE

## UK REIKI FEDERATION - MARCH 2002

Member of The Emerging Regulatory Body for the Profession of Reiki

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### Codes of Ethics & Standards of Practice for UK Reiki Federation Practitioners

These Codes were adopted following consultation with the UK Reiki Federation membership, Study Groups and the UK Reiki Federation Council members

#### PURPOSE

- (a) To establish and maintain standards of ethics and practice relating to the conduct of members of the UK Reiki Federation and their relationship with the public at large.
- (b) To inform and protect:
  - Members of the public seeking and/or using Reiki, &
  - Members of the UK Reiki Federation.

All members of the UK Reiki Federation will be required to sign their agreement to uphold this Code and agree to abide by the Disciplinary Procedures as a condition of membership. This code is in the process of constant development and will be reviewed as necessary.

#### ETHICAL PRINCIPLES

##### Integrity - Respect – Trust

The UK Reiki Federation holds the following fundamental ethical principles, which all members will endeavour to uphold.

- To work with integrity, impartiality and respect for all individuals. All professional relationships and interactions will be ethical and non-exploitative.
- The highest standards of practice must be observed.
- Confidentiality must be respected wherever appropriate.

#### CODES OF PROFESSIONAL PRACTICE

This section applies the UK Reiki Federation's ethical principles to specific situations that may arise during the course of professional practice.

##### 1. Insurance

All Reiki Practitioners must be adequately insured to practice. The insurance policy must state provision for public liability and employee liability (if personnel are employed) and public indemnity, as well as provision for professional treatments.

##### 2. Clear Contracts

- a) Before treatment, Reiki Practitioners must explain fully, either in writing or verbally, all the procedures involved in the treatment including such matters as client records, likely content and length of consultations, likely number of consultations, and fees, etc. It is not possible to guarantee the outcome of any course of treatment, therefore the terms on which it is offered, should be stated clearly before the first session of treatment, with subsequent revisions being agreed in advance of any change.
- b) Reiki Practitioners must never claim to 'cure'.
- c) If another therapy is used in conjunction with Reiki, this must be made clear to the client from the outset.
- d) Reiki Practitioners must act with consideration concerning

fees and justification for treatment. A Reiki Practitioner has the same obligation to the client whether being paid or working in a voluntary capacity.

- e) Reiki Practitioners need to recognise the client's right to refuse treatment or disregard advice.
- f) Reiki Practitioners must retain the right to refuse or postpone treating a client should the practitioner believe the treatment to be inappropriate. The Reiki Practitioner should make it clear to the client why they are refusing or postponing treatment, e.g.,
  - if the client is under the influence of alcohol or mind-altering substances;
  - if the client is intimidating or offensive, in a physical or sexual manner, or otherwise;
  - if the client behaves in any way which may lead the Reiki Practitioner to feel physically unsafe, disrespected, or abused;
  - in the case of late attendance of the client, the Reiki Practitioner may exercise discretion in refusing treatment;
- g) A copy of the Codes of Professional Practice should be available to the client on request.
- h) Reiki Practitioners must not use titles or descriptions to give the impression of medical, or other qualifications unless they possess them and must make it clear to their clients that they are not doctors and do not purport to have their knowledge or skills. (*See Appendix 2 – No.1. Prohibited Appellation*)
- i) Certificates and other qualifications shall be displayed or be made available by the Reiki Practitioner.

##### 3. Empowerment of the client

- a) Reiki Practitioners should be empathic, supportive and positive, thus encouraging uplift in the client's mental outlook, and a belief in a progression towards good health practices. It is the client's prerogative to make their own choices with regard to their health, lifestyle and finances.
- b) Reiki Practitioners must not countermand instructions or prescriptions given by a doctor. Reiki Practitioners must not advise a particular course of medical treatment, such as to undergo an operation or to take specific drugs. It must be left to the client to make his/her own decision in the light of medical advice.
- c) Reiki Practitioners should refrain from making judgements upon the choices made by clients, and the way in which clients choose to conduct their lives. (*See Codes of Practice - No. 5 Confidentiality and Appendix 2 – No. 5. Guidelines for dealing with Clients expressing suicidal feelings*)

##### 4. Client Assessment

- a) Reiki Practitioners must never give a medical diagnosis to a client in any circumstances, this being the responsibility of a registered medical practitioner. Reiki does not take the place of conventional medical treatment.
- b) The Reiki Practitioner will make a base-line assessment during the first treatment and discuss appropriate aftercare.
- c) All clients must be asked what medical advice they have received. If appropriate they should be advised to consult their GP if they have not already done so. Since it is legal

to refuse medical treatment, no client can be forced to consult a doctor. A Reiki Practitioner may suggest that it would be advisable to seek an allopathic diagnosis but should not attach a medical name to the perceived condition.

- d) A client should be advised not to discontinue prescribed medication without consulting their doctor.
- e) All advice must be recorded for the Reiki Practitioner's protection.

## 5. Confidentiality

- a) Reiki Practitioners, their assistants and receptionists have an implicit duty to keep all information relating to attendance, records and views formed about clients, entirely confidential. No disclosure may be made to a third party, including any member of the client's own family, without the client's consent unless it is required by due process of the law, whether that be Statute, Statutory instrument, order of any court of competent jurisdiction or however otherwise.
- b) Reiki Practitioners must ensure that they comply with the Data Protection Act.
- c) Reiki Practitioners who sell or otherwise transfer their interest in a practice must inform all their clients of the change and give the name of the Reiki Practitioner who has taken over. No information on a client shall be provided to the incoming Reiki Practitioner without the permission of the client.
- d) If a Reiki Practitioner believes that there is a risk of self-harm by an individual, the confidentiality guidelines are overridden. (*See Appendix 2 – No. 5. Guidelines for dealing with Clients expressing suicidal feelings*)
- e) If a Reiki Practitioner believes an individual intends to harm or abuse a child, or learns of any terrorist activity then the confidentiality guidelines are overridden. The Reiki Practitioner is obliged by law to report this to the appropriate authorities.

## 6. Client's Records

- a) Reiki Practitioners must ensure they keep clear and comprehensive records of their treatments including dates and advice given. These records should be factual and avoid opinion. This is especially important for the defence of any negligence actions as well as for efficient and careful practice.
- b) Records are to be kept in safe custody for seven years from the time of the last consultation.
- c) Reiki Practitioners should arrange for the correct disposal of case records in the event of their death.

## 7. Personal Relationships – Boundaries

- a) The relationship between the Reiki Practitioner and client should be of the highest professional standard. Due diligence of care, skill and integrity should be demonstrated at all times.
- b) Reiki Practitioners must not exploit their clients financially, sexually, emotionally or in any other way. The Practitioner will not undertake any form of sexual activity with a client in their care or with a student in their tutelage or supervision. The UK Reiki Federation requires that the Practitioner formally ends the therapeutic or educational relationship before starting a sexual relationship.
- c) Reiki Practitioners must not request the removal of clothing except for coat and footwear.

- d) Reiki Practitioners shall be without judgement concerning race, colour, creed, gender or sexual orientation.

## 8. Responsibilities to Self

- a) Reiki Practitioners shall recognise the value of self-treatment and also receiving Reiki from another, as part of their continuing self-development.
- b) Reiki Practitioners have a responsibility to themselves to maintain their own effectiveness. They are expected to monitor their own personal functioning and to seek help and/or withdraw from giving treatments when their personal resources are sufficiently depleted to require this through personal or emotional difficulties, illness, disability, alcohol, any mind altering substances or for any other reason.
- c) Members must take all reasonable steps to monitor, develop and advance their professional competence, and to work within that capacity. Professional development may include in-service training, supervision, counselling, research and other consultative support.
- d) A Reiki Practitioner shall be aware of their own professional limitations and refer a client elsewhere when the need demands.

## 9. Responsibilities to Others

- a) Reiki Practitioners shall seek a good relationship and work in a co-operative manner with other healthcare professionals, recognise and respect their particular contribution within the healthcare team, irrespective of whether they perform an allopathic or complementary base. Reiki Practitioners will not undermine a client's faith in any other form of treatment and shall respect and support the client's choices.
- b) Reiki Practitioners will encourage understanding of Reiki within other fields and modalities within the healthcare sector.
- c) Reiki Practitioners shall at all times conduct themselves with due diligence in their relations with all people whilst conducting their professional practice.
- d) Reiki Practitioners must not attend women in childbirth or treat them for 10 days thereafter unless they hold an appropriate qualification in midwifery or unless the client, in consultation with a practising midwife or a Registered Medical Practitioner requests their services. (*See Appendix 1 - REIKI & LEGISLATION*)

## 10. Soliciting of Clients

Reiki Practitioners shall not encourage clients away from other professional colleagues.

## 11. Reiki in Hospitals

- a) The hospital is responsible for the patient.
- b) Reiki Practitioners may only treat patients in hospitals with permission from the patient and the hospital authority including the ward charge nurse.
- c) Reiki Practitioners shall not wear clothing which gives the impression that they are a staff member of the hospital. They may have some form of identification such as a lapel badge.
- d) Where permission is given to provide treatment on the ward, this must be carried out without fuss or interruption to other patients and staff.
- e) If other patients request treatment, the permission of the ward charge nurse, nursing officer (and if relevant, the patient's doctor) must first be obtained. Reiki Practitioners

must never undermine the patient's faith in hospital treatment or regime.

- f) Where credentials are requested, Reiki Practitioners must provide their current membership card or other proof of membership and permission to visit.

*These are the guidelines set down by the British Complementary Medicine Association.*

## 12. Premises

All Reiki Practitioners shall ensure that their working conditions are suitable for the practice of their therapy. (See Appendix 2 – No. 3. Premises)

## 13. Reiki Code of Disciplinary Procedures

- a) Reiki Practitioners will follow and abide by decisions made under the disciplinary procedures of the UK Reiki Federation.
- b) The primary concern of the UK Reiki Federation shall be to protect the public and to uphold the reputation of the organisation and its members.

## 14. Advertising/Public Statements

- a) Advertising must be discreet and dignified in tone. It shall not contain testimonials or claim a cure or mention any disease. It shall be confined to drawing attention to the therapy available, the qualifications of the Reiki Practitioner and offering general information regarding the treatment process. (See Appendix 2 – No. 4 Advertising)
- b) The UK Reiki Federation's Logo can only be used to advertise events that are being officially organised on behalf of the organisation and approved by the Council.

# APPENDIX 1 REIKI AND LEGISLATION

### In the UK the following are noted;

- a) A parent or guardian who wilfully fails to provide adequate medical aid for a child under the age of 16 may be committing a criminal offence. Reiki is not defined as a medical aid by law so anyone who treats a child whose parents refuse medical aid could be seen to be aiding and abetting that offence. When treating a child it is advisable to secure the signature of the parent or guardian to the following statement. "I have been warned by (Reiki Practitioner's name) that according to Law I must consult a doctor concerning the health of my child (child's name)." This statement should be signed and dated by both parent/guardian and a witness and kept with the client records.
- b) It is illegal to practice dentistry if unqualified.
- c) It is an offence to offer treatment or prescribe a remedy or advice for cancer. (*please note – this does not mean that you cannot give Reiki to someone with cancer, you just cannot claim to specifically treat cancer*)
- d) Any advertising should comply with the British Code of Advertising Practice and meet the requirements of the Advertising Standards Agency. Adverts should be dignified and should not claim a cure or mention any disease.
- e) Reiki Practitioners must not attend women in childbirth or treat them for ten days thereafter unless they hold an appropriate qualification in midwifery.

- f) Reiki Practitioners should not prescribe or sell remedies, herbs, supplements, oils, etc., unless they have undergone appropriate training and have qualifications which entitle them to do so.
- g) Before treating animals it is advisable to seek assurance from the owner that a vet has examined the animal. The Veterinary Surgery Act of 1966 prohibits anyone other than a qualified veterinary surgeon from treating animals, including diagnosis of ailments and giving of advice on such diagnosis. However the healing of animals by contact healing, by the laying on of hands or distant healing is legal. However the Protection of Animals Act 1911 requires that if an animal clearly needs treatment from a veterinary surgeon the owner must obtain this. To give emergency First Aid to animals for the purpose of saving life or relieving pain is permissible under the Veterinary Surgeons Act 1966 Schedule 3.
- h) It is required that cases of certain infectious diseases are notified to the Medical Officer of Health in the district where the client is resident. The notification must be made by a GP, so if a Reiki Practitioner suspects that the client is suffering from a notifiable disease they should insist that the client should see a doctor.

## NOTIFIABLE DISEASES

Under the Public Health (Control of Diseases) Act 1984. Cholera, Plague, Relapsing Fever, Smallpox, Typhus, Food Poisoning.

Under the Public health (Infectious diseases) Regulations 1988. Acute Encephalitis, Acute Poliomyelitis, Anthrax, Diphtheria, Dysentery (Amoebic or Bacillary), Leprosy, Leptospirosis, Malaria, Measles, Meningitis, Meningococcal Septicaemia (without Meningitis) Mumps, Ophthalmia Neonatorum, Paratyphoid Fever, Rabies, Rubella, Scarlet Fever, Tetanus, Tuberculosis, Typhoid Fever, Viral Haemorrhagic Fever, Viral Hepatitis, Whooping Cough, Yellow Fever.

Reiki Practitioners must investigate and co-operate with local by-laws and all relevant Health and Safety legislation.

Ignorance of the law is no defence.

# APPENDIX 2

## 1. Prohibited Appellation

In order to enable the public to distinguish between those who are professionally qualified and those who are not, the law makes it a criminal offence for anyone who does not hold the relevant qualification to use any of the titles specified hereunder or to use any other title or description which suggests or implies that he or she is on the statutory register of the persons who hold those qualifications. The titles are Chemist, Chiropodist, Dental Practitioner, Dental Surgeon, Dentist, Dietitian, Doctor, Druggist, General Practitioner, Medical Laboratory Technician, Midwife, Nurse, Occupational Therapist, Optician, Orthoptist, Pharmacist, Physiotherapist, Radiographer, Remedial Gymnast, Surgeon, Veterinary Practitioner, Veterinary Surgeon. It need hardly be said that a Reiki Practitioner must scrupulously avoid the foregoing titles unless of course he is additionally qualified in any of the fields concerned when he is entitled to use the appropriate description.

## 2. Fraudulent Mediumship

The law provides that anyone who:

- a) with intent to deceive, purports to act as a spiritualistic medium or to exercise any power of telepathy, clairvoyance or other similar powers or,
- b) in purporting to act as a spiritualistic medium, or to exercise the powers mentioned in (a) above, uses any fraudulent device, is guilty of any offence.

## 3. Premises

- a) When carrying on a trade, business or profession from any premises an individual must ensure that their working conditions and facilities to which members of the public have access are suitable and comply with all legislation. In the case of Reiki Practitioners using their own homes as base for their practice, in addition to complying with national legislation for any therapy they practice, they should check on any local authority by-laws covering their practice as these vary considerably through the country.
- b) If staff are employed on the premises Practitioners must pay equal attention in this area.
- c) Reiki Practitioners working from home should give special attention to insurance, the terms of their lease or other title deeds any local government regulations limiting such practice or under which he may be liable to pay business rates.

## 4. Advertising

- a) The law makes it an offence to take part in the publication of any advertisement referring to any article or any description in terms which are calculated to lead to the use of that article for the purpose of treating human beings for any of the following diseases: Bright's Disease, Glaucoma, Cataract, Locomotor Ataxy, Diabetes, Paralysis, Epilepsy or fits, Tuberculosis.
- b) It is also an offence to publish any advertisement which:
  - offers to treat or prescribe a remedy or advice for cancer, or
  - refers to any article calculated to lead to its use in the treatment of cancer.
- c) At all times advertising should comply with standards laid down by the British Code of Advertising Practice and meet the requirements of the Advertising Standards Authority.

## 5. Guidelines for dealing with Clients expressing suicidal feelings.

### *The legal position*

It is not against the law for an individual to commit suicide or to attempt to commit suicide (Suicide Act 1961) However, the law states that anyone either a professional or lay person can be charged with the offence of aiding and abetting a suicide in the following circumstances:

- If they actively assist a suicide.
- If they are aware of someone's decision to attempt suicide and do not inform an appropriate professional, e.g. the general practitioner, hospital psychiatrist or approved social worker.

### *UK Reiki Federation's position*

#### **Legal obligation**

Each individual has his or her own beliefs about the acceptability of suicide as a choice in someone's life. However, in our role as UK Reiki Federation members, we are

bound by law. This means that practitioners should never help a client to end their life or fail to take appropriate action to prevent a suicidal act.

#### **Confidentiality**

A threat of suicide constitutes an exceptional circumstance where confidentiality has to be reviewed. It is always better to get the client's consent to break confidentiality and to keep the information disclosed to the minimum. If however you cannot secure your client's consent you are still under legal obligation to seek other help and this should be explained to the client. It is vital you make clear to the client that the minimum of information will be disclosed to other relevant professionals. For example, it is not always essential to reveal their medical status or the circumstances which may make the client feel such despair. It is usually sufficient to state you are concerned for their safety because you believe they are at risk of committing suicide.

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